PATENT APPLICATION

T-830 P.12

Attorney Docket No. D/A0059

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

CST

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PRINTING SYSTEM AND METHOD

the specification and claims of v in are attached hereto		on as U.S. Application No	
hereby state that I have re- including the claims.	viewed and underst	tand the contents of the above-identified specification	٦,
acknowledge the duty to disc Code of Federal Regulations, §		ich is material to the patentability as defined in Title 37	7,
application(s) for patent listed b	elow, and have also	ted States Code, §119 of any foreign or U.S. Provisional identified below any foreign application(s) or Provisional that of the application on which priority is claimed:	al al
Prior Foreign or U.S. Provisiona	al Application(s)		
(Number)	(Country)	(Day/Month/Year Filed)	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Attorney Docket No. D/A0059

DECLARATION AND POWER OF ATTORNEY, continued

Name of sole or first inventor:

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Inventor's Signature:

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Mailing Address:

(Same as above)